PTO/88/08 (12-04)

Approved for use through 7/3 1/5006; CHIB 0/8/1003 U.S. Poleni and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a pollection of information unless it displays a yeld CMB pontrol number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Humber Substitute for Form PTO-876 Effective December 8, 2004 111530 APPLICATION AS FILED - PART I · (Column 1) OTHER THAN SMALL ENTITY (Column 2) OR SMALL ENTITY FOR HUMBER FILED NUMBER EXTRA BASIC FEE RATE (1) FEE (1 RATE (\$) WA 127 OFFI 1,16(1), 164, or (c)) . N/A FEE M NA 150.00 SEARCH FEE N/A 300.00 (37 CFR 1 16(K) (1), or (m)) NA NA. N/A \$250 EXAMINATION FEE H/A \$500 NÀ (3) CFR. 1.16(0, (e) or (a)) NA NA \$100 TOTAL CLALLS NUA \$200 (B)31.1 R32 (C) X\$ 25 · minus 20 a 7 INDEPENDENT CLAIMS X\$50 OR (37 CFB 1.16(N) X100 mhus 3. « X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each FEE (37 CPR 1,16(1)) additional 60 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(O) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) +180= +360× * Kithe difference in column 1 is less than zero, enter "o" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR **CLAIMS** SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (1) AFTER ADDI-岩田 PREVIOUSLY RATE (1) EXTRA ADOL AMENDMENT TIONAL PAID FOR Total FEE (4) TIONAL Minus 0 FEE (1) X\$ 25 X\$50 Minus OR ū X100 X200 Application Size Fee (37 CFR 1.16(s)) ÒR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.140) +180= +360= OR TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST œ REMAINING NUMBER PRESENT RATE (1) AFTER. PREVIOUSLY PAID FOR ADDI: RATE (\$) EXTRÁ ADDI-MENOMENT. TIONAL FEE (1) AMENDME TIONAL Total (1) CFR 1.16(1) Minus. FEE (1) X\$ 25 Independent Of CFR 1.1800 X\$50 OR Minus 21 X100 X200 Application Size Fee (37 CFR 1.16(6)) OR FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (DT CFR 1.100) +180= +360± OR TOTAL If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".

The "Highest Number Previously Paid For" (In this space is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number (ound in the appropriate box in column 1.

This colection of information is required by 81 CFR 1.16. The information is required to obtain by retaining a bergiff by the pulpho which is to life (and by the unstanding gathering, preparing, and submitting the completed application form to the USPTO. Three will very depending upon the Individual case. Any completed in the amount of three you require to complete this form and/or suppositions to reducing this burden, should be earl to the Chief Indimnation Officer, U.S. Patient and Tradamark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS TOTAL ADD'L FEE OR

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.